

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	577150	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		6				
14		1				
15		1				
16		1				
17		3				
18		3				
19		1				
20		1				
21		6				
22		6				
23		6				
24		6				
25		6				
26		6				
27		6				
28	1					
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								